

Internal Medicine Coding Alert

YOU Be the Coder: Gain EKG Payment by Indicating POS

Question: A patient was seen in our office for chest pain. Our physician performed an electrocardiogram (EKG). The patient was sent to a hospital for admission. Our physician saw the patient in the hospital that same evening. The EKG was denied as "bundled into initial hospital E/M." Yet, if the physician didn't do the EKG, he wouldn't have known he needed to admit the patient. I know only one E/M is billable. Why can't I report the EKG?

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Answer: Code the EKG (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report) with POS 11 (Place of Service, Office), and the admission (99221-99223, Initial hospital care, per day, for the evaluation and management of a patient ...) with POS 21 (Inpatient hospital), and you should get paid. Medicare considers the EKG in the hospital part of the E/M, but the outpatient performed EKG.

Remember: You cannot get paid for an outpatient E/M and an initial hospital visit code on the same day. The Medicare Claims Processing Manual, Chapter 12, Section 30.6.9.1, says that when a patient is admitted to the hospital via another site of service, such as your physician's office, all services provided by your physician in conjunction with that admission "are considered part of the initial hospital care when performed on the same date as the admission."

Action: Roll what your physician did in the office into the code you bill at the hospital, since it is a continuation of what your physician started in the office. This enhances the hospital admit code.